

**CONTRACT #5**  
**RFS # 318.66-032**

**Department of Finance &  
Administration/Bureau  
of TennCare**

**VENDOR:**  
**Preferred Health Plan**

# REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED

Commissioner of Finance &amp; Administration

Date:

Each of the request items below indicates specific information that **must** be individually detailed or addressed **as required**.  
A REQUEST CAN NOT BE CONSIDERED IF INFORMATION PROVIDED IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT  
CLEARLY ADDRESS EACH OF THE REQUIREMENTS INDIVIDUALLY AS REQUIRED.

RFS #

318.66-032

STATE AGENCY NAME :

Department of Finance and Administration, Bureau of TennCare

SERVICE CAPTION :

Managed Care Organization Services/Medically Necessary Health Care Services to the  
TennCare/Medicaid Population

CONTRACT #

FA-02-14863-00

PROPOSED AMENDMENT #

7

CONTRACTOR :

Preferred Health Plan

CONTRACT START DATE :

July 1, 2001

CURRENT, LATEST POSSIBLE END DATE :

(including ALL options to extend)

12/31/2006

CURRENT MAXIMUM LIABILITY :

\$1,284,647,527.67

LATEST POSSIBLE END DATE WITH PROPOSED AMENDMENT :

(including ALL options to extend)

12/31/2006

TOTAL MAXIMUM COST WITH PROPOSED AMENDMENT :

(including ALL options to extend)

\$1,284,647,527.67

APPROVAL CRITERIA :

(select one)



use of Non-Competitive Negotiation is in the best interest of the state



only one uniquely qualified service provider able to provide the service

ADDITIONAL REQUIRED REQUEST DETAILS BELOW (address each item immediately following the requirement text)

(1) description of the proposed additional service and amendment effects :

Implements the TennCare Reform language as approved by CMS and the courts; Requires NCQA accreditation; strengthens conflict of interest disclosure requirements; strengthens MCO financial requirements; lowers the administrative fee to mirror TennCare Select; as well as various other housekeeping issues involving language clarifications.

**(2) explanation of need for the proposed amendment :**

Due to TennCare changes recently approved by CMS and courts, it is necessary to amend the MCO contracts to conform to changes as well as providing needed amended financial requirements and language clarifications.

**(3) name and address of the proposed contractor's principal owner(s) :**  
(not required if proposed contractor is a state education institution)

1420 Centerpoint Blvd., Knoxville, TN 37932

**(4) documentation of OIR endorsement of the Non-Competitive procurement request :**  
(required only if the subject service involves information technology)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

**(5) documentation of Department of Personnel endorsement of the Non-Competitive procurement request :**  
(required only if the subject service involves training for state employees)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

**(6) description of procuring agency efforts to identify reasonable, competitive, procurement alternatives rather than to use non-competitive negotiation :**

This Contractor is currently providing a network of services for the TennCare Program. This is an amendment to current contract.

**(7) justification of why the F&A Commissioner should approve a Non-Competitive Amendment :**

The Bureau of TennCare is attempting to modify all of the MCO contracts to conform to recent changes in the Program. This amendment will allow continuation of services to the enrollees and further clarify their responsibilities, as well as modify financial administration requirements. TennCare would greatly appreciate the approval of this amendment by the Department of Finance and Administration.

**AGENCY HEAD REQUEST SIGNATURE:**

(must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)

SIGNATURE DATE:

6-15-05

# CONTRACT SUMMARY SHEET

RFS Number	318.66-032	Contract Number	FA-02-14863-07
State Agency	Department of Finance and Administration	Division	Bureau of TennCare

Contract Title	PREFERRED HEALTH PLAN	Contract Identification Number	<input type="checkbox"/> V- <input type="checkbox"/> C-
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Service Description	Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population
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Contract Begin Date	7/1/2001	Contract End Date	12/31/2006
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Allocation Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	419	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Intergovernmental Funds	Other Funds	Total Contract Amount	All Attachments
2002	\$ 78,953,471.00	\$ 138,414,473.00			\$ 217,367,944.00	
2003	\$ 64,946,700.00	\$ 111,774,800.00			\$ 176,721,500.00	
2004	\$ 83,013,699.12	\$ 150,598,884.55			\$ 233,612,583.67	
2005	\$ 97,326,850.00	\$ 165,451,350.00			\$ 262,778,200.00	
2006	\$ 97,326,850.00	\$ 165,451,350.00			\$ 262,778,200.00	
2007	\$ 46,370,500.00	\$ 85,018,600.00			\$ 131,389,100.00	
Total	\$ 467,938,070.12	\$ 816,709,457.55			\$ 1,284,647,527.67	

COFAD #	93.778 Title XIX Dept. of Health and Human Services	Contractor's State Identification Number	
State Fiscal Contract #		Contractor's Federal Identification Number	
Name	Scott Pierce	Contractor's Vendor Identification Number	
Address	729 Church Street	Contractor's Federal Tax Identification Number	
Phone	Nashville, TN (615)532-1362	Contractor's State Tax Identification Number	
Procuring Agency Budget Officer Approval Signature		Contractor's State Tax Identification Number	
Scott Pierce		Contractor's State Tax Identification Number	

COMPLETE FOR ALL AGREEMENTS (Initials)			Funding Certification	
Contract Title	Contract End Date	Contract Amount	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.	
	12/31/2006			
FY: 02		\$217,367,944.00		
FY: 03		\$176,721,500.00		
FY: 04		\$233,612,583.67		
FY: 05		\$262,778,200.00		
FY: 06		\$262,778,200.00		
FY: 07		\$131,389,100.00		
Total		\$1,284,647,527.67	\$0.00	

318.66-032

Department of Finance and Administration

FA-02-14863-06

Bureau of TennCare

## PREFERRED HEALTH PLAN

☐ V-  
☐ C-

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

7/1/2001

12/31/2006

318.66

419

134

11

☐ STARS

2002	\$ 78,953,471.00	\$ 138,414,473.00		\$ 217,367,944.00
2003	\$ 64,946,700.00	\$ 111,774,800.00		\$ 176,721,500.00
2004	\$ 83,013,698.12	\$ 150,598,884.55		\$ 233,612,583.67
2005	\$ 97,326,850.00	\$ 165,451,350.00		\$ 262,778,200.00
2006	\$ 97,326,850.00	\$ 165,451,350.00		\$ 262,778,200.00
2007	\$ 46,370,500.00	\$ 85,018,600.00		\$ 131,389,100.00
	\$ 467,938,070.12	\$ 818,709,457.55		\$ 1,284,647,527.67

93.778

Scott Pierce  
 729 Church Street  
 Nashville, TN  
 (615)532-1362

Scott Pierce



Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr.,  
 Commissioner of Finance and Administration, do hereby certify that  
 there is a balance in the appropriation from which this obligation is  
 required to be paid that is not otherwise encumbered to pay  
 obligations previously incurred.

	12/31/2005	12/31/2006
FY: 02	\$217,367,944.00	
FY: 03	\$176,721,500.00	
FY: 04	\$233,612,583.67	
FY: 05	\$233,612,583.67	\$29,165,616.33
FY: 06	\$116,808,291.83	\$145,971,908.17
FY: 07		\$131,389,100.00
	\$978,120,903.17	\$308,526,624.50

# CONTRACT SUMMARY SHEET

RFS Number	318.66-032	Contract Number	FA-02-14863-05
State/Agency	Department of Finance and Administration	Division	Bureau of TennCare
Contractor		Contract Identification Number	
PREFERRED HEALTH PLAN		<input type="checkbox"/> V- <input type="checkbox"/> C-	
Service Description			
Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population			
Contract Begin Date		Contract End Date	
7/1/2001		12/31/2005	
Allocation Code	Cost Center	Object Code	Fund
318.66	419	134	11
		<input type="checkbox"/> STARS	
FY	State Funds	Federal Funds	Interdepartmental Funds
2002	\$ 78,953,471.00	\$ 138,414,473.00	
2003	\$ 64,946,700.00	\$ 111,774,800.00	
2004	\$ 83,013,699.12	\$ 150,598,884.55	
2005	\$ 83,013,699.12	\$ 150,598,884.55	
2006	\$ 41,506,849.56	\$ 75,299,442.28	
Total	\$351,434,418.79	\$ 626,686,484.38	
CFDA#	93.778	Check the box ONLY if the answer is YES	
State Fiscal Contract		Is the Contractor a SUBRECIPIENT (per OMB A-133)?	
Name: Dean Daniel		Is the Contractor a Vendor (per OMB A-133)?	
Address: 729 Church Street		Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone: Nashville, TN		Is the Contractor on STARS?	
(615)532-1362		Is the Contractor's FORM W-9 ATTACHED?	
Procuring Agency Budget Officer Approval Signature		Is the Contractor's Form W-9 Filed with Accounts?	
Dean Daniel			
COMPLETE FOR ALL AMENDMENTS (only)			
Base Contract & Prior Amendments	12/31/2005	This Amendment ONLY	
FY: 02			
FY: 03			
FY: 04			
FY: 05			
FY: 06			
Total	\$0.00	\$0.00	

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

RECEIVED  
2004 JUN 25 AM 10:23  
COMPTROLLER'S OFFICE  
OFFICE OF  
MANAGEMENT SERVICES

# CONTRACT SUMMARY SHEET

RFS Number:	318.66-032	Contract Number:	FA-02-14863-04
State Agency:	Department of Finance and Administration	Division:	Bureau of TennCare

Contractor:	PREFERRED HEALTH PLAN	Contract Identification Number:	<input type="checkbox"/> V- <input type="checkbox"/> C-
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Service Description:	Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population
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Contract Begin Date:	7/1/2001	Contract End Date:	12/31/2005
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Alignment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	419	134	11	<input type="checkbox"/> STARS		
	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including all amendments)	
2002	\$ 78,953,471.00	\$ 138,414,473.00			\$	217,367,944.00
2003	\$ 64,946,700.00	\$ 111,774,800.00			\$	176,721,500.00
2004	\$ 83,013,699.12	\$ 150,598,884.55			\$	233,612,583.67
2005	\$ 83,013,699.12	\$ 150,598,884.55			\$	233,612,583.67
2006	\$ 41,506,849.56	\$ 75,299,442.28			\$	116,806,291.83
Total	\$351,434,418.79	\$ 626,686,484.38			\$	978,120,903.17

Contract ID:	93.778	Contract Type:	Public Contract - SUBRECIPIENT (per OMB A-133)
Name:	Dean Daniel	Contractor's Address:	729 Church Street Nashville, TN (615)532-1362

Procuring Agency Budget Officer Approval Signature:	Dean Daniel	Signature Date:	12/23/03
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COMPLETE FOR ALL AMENDMENTS (ORD)			Funding Certification	
END DATE	Base Contract, Prior Amendments & New Amendments (N)	Base Contract, Prior Amendments & New Amendments (N)	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.	
FY: 02	\$217,367,944.00	\$0.00		
FY: 03	\$176,721,500.00	\$0.00		
FY: 04	\$233,612,583.67	\$0.00		
FY: 05	\$233,612,583.67	\$0.00		
FY: 06	\$116,806,291.83	\$0.00		
Total	\$978,120,903.17	\$0.00		

COPIES OF THIS CONTRACT SUMMARY SHEET ARE TO BE MAINTAINED IN THE FILES OF THE CONTRACTING OFFICE AND THE BUREAU OF TENNCARE.

# CONTRACT SUMMARY SHEET

IS Number	318-66-032	Contract Number	FA-02-14863-03
Date Agency	Department of Finance and Administration	Division	Bureau of TennCare
Contractor		Contract Identification Number	

PREFERRED HEALTH PLAN

☐ V-  
☐ C-

Service Description

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Begin Date	7/1/2001	Contract End Date	12/31/2005
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Amount Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	419	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Infrastructure/Other	Other Funding	Total Contract Amount including All Amendments	
2002	\$ 78,953,471.00	\$ 138,414,473.00			\$	217,367,944.00
2003	\$ 64,946,700.00	\$ 111,774,800.00			\$	176,721,500.00
2004	\$ 83,013,699.12	\$ 150,598,884.55			\$	233,612,583.67
2005	\$ 83,013,699.12	\$ 150,598,884.55			\$	233,612,583.67
2006	\$ 41,506,849.56	\$ 75,299,442.28			\$	116,806,291.83
Total	\$351,434,418.79	\$ 626,686,484.38			\$	978,120,903.17

ORDERS	93.778	Check the box ONLY if the answer is YES
State Fiscal Control		Is the Contractor a SUBSIDIARY OF A GOVT. ENTITY?
Contract Address		Is the Contractor a Vendor Type 2 (M.B.A. #31)?
Contract Address		Is the Contractor a Vendor Type 3 (M.B.A. #32)?
Contract Address		Is the Contractor a Vendor Type 4 (M.B.A. #33)?
Contract Address		Is the Contractor a Vendor Type 5 (M.B.A. #34)?
Contract Address		Is the Contractor a Vendor Type 6 (M.B.A. #35)?
Contract Address		Is the Contractor a Vendor Type 7 (M.B.A. #36)?
Contract Address		Is the Contractor a Vendor Type 8 (M.B.A. #37)?
Contract Address		Is the Contractor a Vendor Type 9 (M.B.A. #38)?
Contract Address		Is the Contractor a Vendor Type 10 (M.B.A. #39)?
Contract Address		Is the Contractor a Vendor Type 11 (M.B.A. #40)?
Contract Address		Is the Contractor a Vendor Type 12 (M.B.A. #41)?
Contract Address		Is the Contractor a Vendor Type 13 (M.B.A. #42)?
Contract Address		Is the Contractor a Vendor Type 14 (M.B.A. #43)?
Contract Address		Is the Contractor a Vendor Type 15 (M.B.A. #44)?
Contract Address		Is the Contractor a Vendor Type 16 (M.B.A. #45)?
Contract Address		Is the Contractor a Vendor Type 17 (M.B.A. #46)?
Contract Address		Is the Contractor a Vendor Type 18 (M.B.A. #47)?
Contract Address		Is the Contractor a Vendor Type 19 (M.B.A. #48)?
Contract Address		Is the Contractor a Vendor Type 20 (M.B.A. #49)?
Contract Address		Is the Contractor a Vendor Type 21 (M.B.A. #50)?
Contract Address		Is the Contractor a Vendor Type 22 (M.B.A. #51)?
Contract Address		Is the Contractor a Vendor Type 23 (M.B.A. #52)?
Contract Address		Is the Contractor a Vendor Type 24 (M.B.A. #53)?
Contract Address		Is the Contractor a Vendor Type 25 (M.B.A. #54)?
Contract Address		Is the Contractor a Vendor Type 26 (M.B.A. #55)?
Contract Address		Is the Contractor a Vendor Type 27 (M.B.A. #56)?
Contract Address		Is the Contractor a Vendor Type 28 (M.B.A. #57)?
Contract Address		Is the Contractor a Vendor Type 29 (M.B.A. #58)?
Contract Address		Is the Contractor a Vendor Type 30 (M.B.A. #59)?
Contract Address		Is the Contractor a Vendor Type 31 (M.B.A. #60)?
Contract Address		Is the Contractor a Vendor Type 32 (M.B.A. #61)?
Contract Address		Is the Contractor a Vendor Type 33 (M.B.A. #62)?
Contract Address		Is the Contractor a Vendor Type 34 (M.B.A. #63)?
Contract Address		Is the Contractor a Vendor Type 35 (M.B.A. #64)?
Contract Address		Is the Contractor a Vendor Type 36 (M.B.A. #65)?
Contract Address		Is the Contractor a Vendor Type 37 (M.B.A. #66)?
Contract Address		Is the Contractor a Vendor Type 38 (M.B.A. #67)?
Contract Address		Is the Contractor a Vendor Type 39 (M.B.A. #68)?
Contract Address		Is the Contractor a Vendor Type 40 (M.B.A. #69)?
Contract Address		Is the Contractor a Vendor Type 41 (M.B.A. #70)?
Contract Address		Is the Contractor a Vendor Type 42 (M.B.A. #71)?
Contract Address		Is the Contractor a Vendor Type 43 (M.B.A. #72)?
Contract Address		Is the Contractor a Vendor Type 44 (M.B.A. #73)?
Contract Address		Is the Contractor a Vendor Type 45 (M.B.A. #74)?
Contract Address		Is the Contractor a Vendor Type 46 (M.B.A. #75)?
Contract Address		Is the Contractor a Vendor Type 47 (M.B.A. #76)?
Contract Address		Is the Contractor a Vendor Type 48 (M.B.A. #77)?
Contract Address		Is the Contractor a Vendor Type 49 (M.B.A. #78)?
Contract Address		Is the Contractor a Vendor Type 50 (M.B.A. #79)?
Contract Address		Is the Contractor a Vendor Type 51 (M.B.A. #80)?
Contract Address		Is the Contractor a Vendor Type 52 (M.B.A. #81)?
Contract Address		Is the Contractor a Vendor Type 53 (M.B.A. #82)?
Contract Address		Is the Contractor a Vendor Type 54 (M.B.A. #83)?
Contract Address		Is the Contractor a Vendor Type 55 (M.B.A. #84)?
Contract Address		Is the Contractor a Vendor Type 56 (M.B.A. #85)?
Contract Address		Is the Contractor a Vendor Type 57 (M.B.A. #86)?
Contract Address		Is the Contractor a Vendor Type 58 (M.B.A. #87)?
Contract Address		Is the Contractor a Vendor Type 59 (M.B.A. #88)?
Contract Address		Is the Contractor a Vendor Type 60 (M.B.A. #89)?
Contract Address		Is the Contractor a Vendor Type 61 (M.B.A. #90)?
Contract Address		Is the Contractor a Vendor Type 62 (M.B.A. #91)?
Contract Address		Is the Contractor a Vendor Type 63 (M.B.A. #92)?
Contract Address		Is the Contractor a Vendor Type 64 (M.B.A. #93)?
Contract Address		Is the Contractor a Vendor Type 65 (M.B.A. #94)?
Contract Address		Is the Contractor a Vendor Type 66 (M.B.A. #95)?
Contract Address		Is the Contractor a Vendor Type 67 (M.B.A. #96)?
Contract Address		Is the Contractor a Vendor Type 68 (M.B.A. #97)?
Contract Address		Is the Contractor a Vendor Type 69 (M.B.A. #98)?
Contract Address		Is the Contractor a Vendor Type 70 (M.B.A. #99)?
Contract Address		Is the Contractor a Vendor Type 71 (M.B.A. #100)?

Dean Daniel

*Dean Daniel* 6/30/03

COMPLETE FOR ALL AMENDMENTS (FY 02 - FY 06)		
AMENDMENT DATE	Base Contract / Amendment	THIS Amendment ONLY
	12/31/2005	
FY: 02	\$217,367,944.00	\$0.00
FY: 03	\$176,721,500.00	\$0.00
FY: 04	\$176,721,500.00	\$56,891,083.67
FY: 05	\$176,721,500.00	\$56,891,083.67
FY: 06	\$88,360,750.00	\$28,445,541.83
Total	\$835,893,194.00	\$142,227,709.17

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

RECEIVED

JUN 30 2003

Office of Contracts Review



# CONTRACT SUMMARY SHEET

Contract Number	FA-02-14863-02
State Agency	Department of Finance and Administration
Division	Bureau of TennCare
Contractor	

PREFERRED HEALTH PLAN	<input type="checkbox"/> V- <input type="checkbox"/> C-	Contract Identification Number
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Services Description	Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population
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Contract Begin Date	7/1/01	Contract End Date	12/31/05
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Allocation Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	419	134	11	<input type="checkbox"/> STARS		

Fiscal Year	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including all amendments)
2002	\$ 78,953,471.00	\$ 138,414,473.00			\$ 217,367,944.00
2003	\$ 64,946,700.00	\$ 111,774,800.00			\$ 176,721,500.00
2004	\$ 64,946,700.00	\$ 111,774,800.00			\$ 176,721,500.00
2005	\$ 64,946,700.00	\$ 111,774,800.00			\$ 176,721,500.00
2006	\$ 32,473,350.00	\$ 55,887,400.00			\$ 88,360,750.00
<b>Total</b>	<b>\$306,266,921.00</b>	<b>\$ 529,626,273.00</b>			<b>\$ 835,893,194.00</b>

State Fiscal Contract	93.778	Check the box only if true (answer YES)
Name	Dean Daniel	Is this contract a SUBGRANT? (YES/NO)
Address	729 Church Street	Is the contractor an vendor? (YES/NO)
Phone	Nashville, TN	Is this a non-funding activity? (YES/NO)
	(615)532-1362	Is the contractor a STAR? (YES/NO)
		Is the contractor a STAR? (YES/NO)
		Is the contractor a STAR? (YES/NO)
		Is the contractor a STAR? (YES/NO)

Procuring Agency Budget Officer Approval Signature	Dean Daniel
	<i>Dean Daniel</i> 7/1/02

COMPLETE FOR ALL AMENDMENTS ONLY		
Amendment	Base Contract ID#	This Amendment ID#
Y: 02		
Y: 03		
Y: 04		
Y: 05		
Y: 06		
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Funding Certification**

Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

# CONTRACT SUMMARY SHEET

RFS Number		Contract Number	FA-02-14863-01
State/Agency	Department of Finance and Administration	Division	Bureau of TennCare
Contractor		Contract Identification Number	

PREFERRED HEALTH PLAN

☐ V-  
☐ C-

Service Description

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Begin Date	Contract End Date
7/1/01	12/31/05

Allocation Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	419	134	11	<input type="checkbox"/> STARS		
Year	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including All Amendments)	
2002	\$ 78,953,471.00	\$ 138,414,473.00			\$	217,367,944.00
2003	\$ 64,946,700.00	\$ 111,774,800.00			\$	176,721,500.00
2004	\$ 64,946,700.00	\$ 111,774,800.00			\$	176,721,500.00
2005	\$ 64,946,700.00	\$ 111,774,800.00			\$	176,721,500.00
2006	\$ 32,473,350.00	\$ 55,887,400.00			\$	88,360,750.00
<b>Total</b>	<b>\$306,266,921.00</b>	<b>\$ 529,626,273.00</b>			<b>\$</b>	<b>835,893,194.00</b>
GFDAW	93.778					

State Fiscal Contract		Check the box ONLY if the answer is YES	
Contractor Name	Dean Daniel	Is the Contractor a SUBRECIPIENT (per OMB A-133)?	
Contractor Address	729 Church Street	Is the Contractor a Vendor (per OMB A-133)?	
Contractor City	Nashville, TN	Is the Fiscal Year Funding STRICTLY LIMITED?	
Contractor Phone	(615)532-1362	Is the Contractor on STARS?	
Procuring Agency Budget Officer Approval Signature		Is the Contractor's FORM W-9 ATTACHED?	

Dean Daniel *Dean Daniel* 7/1/02

COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification	
	Base Contract & Prior Amendments	This Amendment Only	Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.	
END DATE	12/31/05			
02	\$217,367,944.00	\$0.00		
03	\$217,367,944.00	-\$40,646,444.00		
04	\$217,367,944.00	-\$40,646,444.00		
05	\$217,367,944.00	-\$40,646,444.00		
06	\$108,683,973.00	-\$20,323,223.00		
<b>Total</b>	<b>\$978,155,749.00</b>	<b>-\$142,262,555.00</b>		